

**This Form must be Completely Filled Out
(Please print all information)**

Name of Grievant:		Work Phone:		
Job Title:		Home Phone:		
Date of Hire:				
Home Mailing Address		Work Mailing Address		
Street or P.O. Box:		Dept:		
		Div/Section:		
Street or P.O. Box:				
City:	State:	City:	State:	
Zip:		Zip:		
Date, time and place of event leading to grievance:		and Date you became aware of the event, (if different):		
Detailed description of grievance including names of other persons involved, if any (Ref. NRS 233B.121):				
Applicable sections of NRS and NAC (Grievant must identify all statutes/regulations pertinent to this grievance if submitted to Employee-Management Committee. If none, please so indicate. Ref. NRS 233B.121):				
Proposed solution to grievance:				
Grievant: File a copy of this form with your immediate supervisor and retain a copy for filing at the next step or steps (see reverse step 4) if necessary. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step.				
Step	Grievance filed with (Please Print Name)	Date	Grievant's Signature	Date
1				
2				
3				
4				

Npd-50-A.doc
(Rev.: 8/9/02)

GRIEVANCE PROCEDURE

A grievance is defined as an act, omission or occurrence which a permanent employee feels constitutes an injustice and can be established on factual information. It may relate to any condition arising out of the relationship between an employer and an employee, including but not limited to, compensation, working hours, working conditions, membership in an organization of employees or the interpretation of any law, regulation or disagreement. It does not include position allocation, involuntary transfers, dismissals, demotions, or suspensions.

The grievance procedure and statements made on this form do not include all the rights available to a grievant. Consequently, NAC 284.658 through 284.697, which provide direction for the adjustment of grievances, should be reviewed prior to the filing of a grievance.

1. All parties may consult with and receive the assistance of their department personnel offices or the department of personnel in resolving a grievance. NAC 284.662(4)
2. A formal grievance must be filed within 20 working days following origin of the grievance or the date an employee who feels aggrieved learns of the problem. **Every effort should be made to resolve the grievance by informal discussion during this 20-day period.** NAC 284.678(1)
3. If a formal grievance is filed, the information requested on this form must be provided. The description of the grievance should include the names of other persons involved in the act, omission or occurrence.
4. The normal course of action in the grievance procedure is as follows:

Step 1: File with Immediate Supervisor - If not resolved within 10 working days, take next step.

Step 2: File with Division Head - If not resolved within 10 working days, take next step.

Step 3: File with Department Head - If not resolved within 10 working days, take next step.

Step 4: File with Employee-Management Committee - Within 45 working days of receipt of the request, the EMC will render a decision or schedule a hearing and then render a decision.

Following receipt of notification of action, the grievant has 10 working days to refer the grievance to the next step unless the time limit is extended by agreement of the parties. A grievance may be submitted to the next level if the grievant has not received notification within the 10 working day period in which such action is required.

5. Form NPD-51, Response to Formal Grievance, will be completed by the respondent and attached to this form as the top copy at each step in the grievance procedure. It should be signed in the lower right hand portion by the person who is responding to the grievance and should include the title of that person.
6. All attachments to the grievance on the Response to the Formal Grievance form should include the name of the grievant in the upper right hand corner, step number referred to, and the page number if attachments are included. The name of the person submitting the attachment should be placed in the lower right hand corner of the last attachment.

EXAMPLES

(Upper Right Hand Corner)	(Lower Right Hand Corner of Last Page)
Name of Grievant: Joe Williamson Step No.: Step 3 Grievance Attachments: 1 of 3	Submitted By: Jill Evans Title: Supervisor of Data Processing

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